

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14402

State File No.

FILED MAY 5 1944

Registration District No. 623

Primary Registration District No. 5240

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town Rural-Washington Township
(c) Name of hospital or institution: XXX X
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XXXX
(Specify whether years, months or days) XXX

3. (a) PRINT FULL NAME JOSEPH OFFIELD

3. (b) If veteran, name war. XX 3. (c) Social Security No. XX

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Catherine Offield 6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased April 3, 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 11 25 XX XXX min.

9. Birthplace Missouri (City, town, or county) C (State or foreign country)

10. Usual occupation Farming

11. Industry or business XXXX

12. Name Lewis Offield

13. Birthplace Tennessee (City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Blanche Challenge

(b) Address Caplinger Mills, Mo. Burial 3-30-1944

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation Caplinger Mills, Mo.

18. (a) Signature of funeral director Church and Neale

(b) Address Stockton, Missouri

19. (a) 4-30-44 (b) Mrs. Ethel B. Huelsch (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar
(c) City or town Rural-Washington Township
(If outside city or town limits, write "RURAL")
(d) Street No. XXX (If rural, give location)
(e) Citizen of foreign country? no (Yes or-No)
If yes, name country. XX

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28
944 year hour 6 minute A. M.

21. I hereby certify that I attended the deceased from 1-28, 1944, to 3-27, 1944
that I last saw him alive on 3-27-44 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia 5 days
Chronic Bronchitis Months

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature Wm B. Richter (M. D. or other) Address Stockton Date signed 4-29-44

1298

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 7,

District File Number

Date Filed

4-44-58
5-4-44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

Melvin Curlew

Licensed Embalmer No.

3272

P. O. Address

Stockton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.